

## HARWICH COUNCIL ON AGING VOLUNTEER APPLICATION FORM

Date\_\_\_\_\_

CORI UPDATE\_\_\_\_\_

Name\_\_\_\_\_

FirstLast

Address\_\_\_\_\_

Mailing Address\_\_\_\_\_ Phone \_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_

Are you a member of COA\_\_\_\_\_ E-mail address\_\_\_\_\_

If not, then we need your emergency contacts please

\_\_\_\_\_  
NamePhone

\_\_\_\_\_  
NamePhone

### Areas of Interest

Administrative Assistance/miscellaneous/ special projects	
Aide on bus for Sight Loss Group	
Aide on COA van bi-monthly to assist in delivering Government food/Family Pantry	
Computer course instructor	
Desk receptionist	
Friendly Visitor	
Greeter	
Kitchen aide for Sr. Dining Program	
Medical Driver for rides to Doctor appointment's	
Minibus driver	
Newsletter labeling	
Proofread newsletter	
Public relations assistance	
REACH	
Reading Current Events to vision impaired	
Reading newsletter on audio tape for vision impaired	
Telephone Reassurance Caller	
Travel Assistant	
TRIAD house numbering	

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